

# CRIMINAL REPORT AFFIDAVIT / NOTICE TO APPEAR

1768851

GRID # 3222

COURT CASE/  
J.F. ID #

SAO #

OBTS #

AGENCY REPORT # 13-037294 AGENCY NAME HCSO ORI # FL0290000

LOCATION OF OFFENSE 16580 NORTHDAL OAKS DR DATE OF OFFENSE 01/18/13 TIME OF OFFENSE 2207

WITHIN: TAMPA, FL 33624  
TAMPA ☐ PLANT CITY ☐ TEMPLE TERRACE ☐ UNINCORPORATED AREA ☒ SUPPLEMENTAL CRA ATTACHED ☐

COURT:  
TAMPA COURT ☒ PLANT CITY CT ☐

LOCATION OF ARREST 16580 NORTHDAL OAKS DR DATE OF ARREST 01/18/13 TIME OF ARREST 2258

BOOKING # \_\_\_\_\_ SOID # \_\_\_\_\_ WEAPON TYPE NONE WEAPON SEIZED Yes ☐ No ☒

## ARREST

☒ Probable Cause ☐ Adult  
☐ Capias ☐ Juvenile  
☐ Fugitive Warrant ☐ Delinquency  
☐ VOP/VOC ☐ Dependency  
☐ Warrant ☐ Felony  
☐ Juvenile Pickup ☐ Misdemeanor  
☐ Traffic MISD

## REQUEST FOR:

☐ Direct File/SAO ☐ Traffic FEL  
☐ Review ☐ Ordinance  
☐ Warrant ☐ Pickup  
☐ Summons ☐ Other  
☐ Juvenile Pickup

## NOTICE TO APPEAR:

☐ Arresting officer  
☐ Booking supervising officer

NAME SHEETS, KORY G ALIAS N/A

RACE: W-White I-American Indian/Alaskan Native HW-Hispanic White MB-Hispanic Black B-Black O-Oriental/Asian  
Race B SEX M D.O.B. 03/31/85 MO DAY YEAR APPROXIMATE AGE 21

COMPLEXION DARK BUILD MED

HEIGHT 5' WEIGHT 195

COLOR: EYES BRO HAIR BLK

LOCAL ADDRESS (Street, Apt. #, City, State, Zip) 16580 NORTHDAL OAKS DR Ph: 860-205-2297

Permanent Address (Street, Apt. #, City, State, Zip) TAMPA, FL 33624 Ph: \_\_\_\_\_

Business Address (Street, Apt. #, City, State, Zip) \_\_\_\_\_ Ph: \_\_\_\_\_

Driver's License No. 3320507851110 State FL PL [REDACTED] PLACE OF BIRTH CT DOC # \_\_\_\_\_

Gang Member: Yes ☐ No ☒ Gang Name N/A  
SCARS, MARKS, TATOOS, UNIQUE FEATURES (Loc., Type, Desc.) WINGS on UPPER BACK

## IF JUVENILE:

School Name \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Ph: \_\_\_\_\_  
Father/Guardian \_\_\_\_\_ Address \_\_\_\_\_ Ph: \_\_\_\_\_  
Released To: JAC ☐ Parent ☐ Guardian ☐ Other Relationship ☐ Other \_\_\_\_\_

Co-Defendant (Last, First, Middle) N/A Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_  
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

Co-Defendant (Last, First, Middle) \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_  
Arrested ☐ At Large ☐ Capias/Warrant Requested ☐ Felony ☐ Misdemeanor ☐ Juvenile ☐

STATUTE (subsec.) / ORD #	DV	CP	CHARGE STATUS	BOND SET	CHARGE	TRAFFIC CITATION #	DRUG ACT/TYPE
784.03(1)(a)1	T	M	M		DV-SIMPLE BATTERY	—	—

CHARGE STATUS: F-Felony M-Misdemeanor T-Traffic O-Ordinance FT-Felony Traffic DV-Domestic Violence CP-Child Present

ACTIVITY: N-N/A P-Possess S-Sell B-Buy T-Traffic R-Smuggle D-Deliver E-Use K-Dispense/Distribute M-Manufacture/Produce/Cultivate Z-Other

Type: N-N/A A-Amphetamine B-Barbiturate C-Cocaine E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv. P-Paraphernalia/Equipment S-Synthetic U-Unknown Z-Other

## A LIST OF TANGIBLE EVIDENCE (If none, write "None") (Evidence List must be provided for all NOTICES TO APPEAR)

DESCRIPTION/AMOUNT PER UNIT	RECOVERED BY	GIVEN TO	PRESENT LOCATION
PHOTOS	RIVERS	VERIPIC	VERIPIC

Mandatory Appearance in Court ☐

You need not appear in Court, but must comply with instructions on Reverse Side. ☐

## COURT INFORMATION: You must appear in County Court at the:

COURTHOUSE TOWER ANNEX, 801 E. TWIGGS STREET ☐  
(Corner of Jefferson & Twiggs Street), TAMPA, FLORIDA 33602

COUNTY OFFICE BUILDING, MICHIGAN & REYNOLDS STREET ☐  
PLANT CITY, FLORIDA 33666

Division \_\_\_\_\_ COURTROOM # \_\_\_\_\_ ON \_\_\_\_\_, 20 \_\_\_\_\_, AT \_\_\_\_\_ a.m. ☐ p.m. ☐

I agree to appear at the time and place designated above to answer for the offense(s) charged or to pay the fine subscribed. I understand that if I willfully fail to appear before the Court as required by the Notice to Appear, I may be held in contempt of Court and a warrant for my arrest shall be issued. You may also be charged with the crime of Failure to Appear, F.S. 843.15. I certify that my address as listed above is correct and I further understand that I have a continuing duty to advise the Court of any changes in my address as set forth above.

Signature of Defendant/Juvenile \_\_\_\_\_

Parent or Guardian (If Juvenile) \_\_\_\_\_

White - Clerk of Court

Green - State Attorney

Canary - Arresting Agency

Pink - Central Booking/Detention Center

Goldenrod - Defendant



13-037294

AGENCY REPORT #

AGENCY NAME HCSO 1768851

State facts to establish probable cause that a crime was committed by the defendant or that the child is dependant ON 1/8/13, AT APPROX 2207 HRS AT 16540 NORTHDALL OAKS DR IN HILLSBOROUGH COUNTY, THE DEFENDANT AND VICTIM GOT INTO AN ARGUMENT ABOUT THEIR PHONES. THE VICTIM CALLED 911 AND TOLD THE DISPATCHER THAT THE DEFENDANT "BEAT HER UP." THE DEFENDANT ADMITTED THAT HE "GRABBED & THREW HER OUT OF HIS WAY" AS HE WAS LEAVING. DURING THE INVESTIGATION THE VICTIM WAS CRYING & UPSET, AND THE DEFENDANT GLARED AND GRINNED AT THE VICTIM CAUSING THE VICTIM TO BE MORE UPSET & RELUCTANT TO SPEAK WITH LAW ENFORCEMENT. AS THE VICTIM WAS TRYING TO LEAVE, I OBSERVED THE DEFENDANT AGGRESSIVELY APPROACH THE VICTIM. THE VICTIM WAS VISIBLY UPSET BY THIS AND TRIED TO GET AWAY FROM THE DEFENDANT. THE DEFENDANT CONTINUED TO FOLLOW THE VICTIM AS SHE WAS TELLING HIM TO LEAVE HER ALONE. I VERBALLY CONFIRMED BY DASH.M.U. I THEN DETAINED THE DEFENDANT AS I BELIEVED THERE WAS A PROPENSITY FOR FURTHER VIOLENCE.

Judgement requested against defendant for agency investigative cost per Florida Statute 938.27: \$

OFFICER

I.D. # Dist. & Squad

(Please Print The Above Information)

SWORN TO AND SUBSCRIBED BEFORE ME THIS

18 DAY OF JANUARY, 2013  
CPL. B. SCHMITZ S93

NAME/Title of Person Authorized to Administer Oath

POLICE REPORT WRITTEN: Yes ☒ No ☐

OFFICER RIVERS I.D. # 220616 Dist. & Squad 01/103

I SWEAR THAT THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. FOR NOTICES TO APPEAR, I ALSO CERTIFY THAT A COMPLETE LIST OF WITNESSES AND EVIDENCE KNOWN TO ME IS ATTACHED.

AFFRANT, Signature

AFFRANT, Print/Type Name

C RIVERS

PROBABLE CAUSE STATEMENT

REPORT #

AGENCY NAME

OFFICER

DATE